RECEIVED APR 21 1986 WATER RESOURCES DEPT SALEM, OREGON

RECEIVED MAY 13 1986 WATER RESOURCES DEPT SALEM, OREGON

CROO 1736

CROO 1736 15S/16E-5bd

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Owner's Well Number _____

Name Greg Ondko

Address 785 SE Dalewood

City Prineville State Oregon Zip 97754

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Depth of Completed Well 27 ft.

Special Standards date of approval _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
30	0	18	Cement	0	18	11 Sacks

How was seal placed? Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	27	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Torch

☐ Screens Type _____ Material _____

Perforations From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	27	1/8x6	60			☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time
			½ hr
40	15		(1 hr)

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Crook Latitude ___ ' ___ " Longitude ___ ' ___ "

Township 15S N or S, Range 16E E or W, WM.

Section 5 NW ¼ - SE ¼

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

10 ft. below land surface. Date 3-24-86

Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Brown Sandy Top Soil	0	2		
Brown Sand	6	11		
Brown Clay	11	20		
Brown Sand	20	27		
Gravel				

Date started 3-21-86 Completed 3-24-86

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Daniel Mapher Date 4-15-86

Company Mapher Well Drilling Co. Job No. 405

9809C 10/85

CROO 1736

For Official Use Only:

Received Date:	County Well Log ID #	Well Identification Tag #
	Croo1736	L-59939

L-59939

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Steve Gantenbein

Mailing Address: 785 S.E Idlewood

City: Prineville State: Or Zip: 97754 Phone: ( )

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION:

County: Crook Owner's Well Number (1st or 2nd well on property, etc) 1

Township: 15 N *or* (S) Range: 16 (E) *or* W, Section: 5C , ____1/4 ____ 1/4

Tax Lot Number: 1401 Type of Well: water supply ✓ monitoring _____

Address of Well (if different from above): _____
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

(***Optional***): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (do not complete remainder of application if drillers well report is attached)

See "Dear Landowner" letter for instructions in completing this portion of the application, or contact the Well Identification Program at (503) 378-8455, extension 260.

Start Card Number: _____ Approx. Well Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

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JUL 05 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED REVISED: 10/9/2001